(F	Requestor's Name)	
A)	Address)	
(A	Address)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(C	Oocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	

Office Use Only



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# COVER LETTER

	New Filing Section Division of Corporations			
SUD IEC	E & R HIBBARD GARDEN	S LLC		
SUBJEC	T: Name	of Limited Liabi	lity Company	<del></del>
The enck	osed Articles of Organization and fee	e(s) are submitted	I for filing.	
Please re	urn all correspondence concerning t	his matter to the	following:	
	Brian G. Cheslack			
		Name o	f Person	
	Gunster Law Firm			
		Firm/Co	ompany	
	4855 Technology Way Suite 630			
	<del></del>	Add	ress	
	Boca Raton, FL 33431			
	DCL -1-1-Q	City/State ar	nd Zip Code	
	BCheslack@gunster.com E-mail address: (to be	used for future	annual report notification)	
For further	information concerning this matter,		•	
	Brooke B. Peppey	847 at (	446-2900	
	Name of Person		Daytime Telephone Number	т
Enclosed	is a check for the following amount:			
<b>■</b> \$125.0	00 Filing Fee S130.00 Filing E Certificate of State	us Certif	ied Copy Cert ral copy is enclosed) Cert	60.00 Filing Fee. ificate of Status & ified Copy onal copy is enclosed)
	Mailing Address  New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	2022 SEr 26 PH 8:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC1	FΙ	- Na	me'

The name of the Limited Liability Company is:

## E & R HIBBARD GARDENS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
37 Country Road	37 Country Road
Village of Golf	Village of Golf
Florida 33436	Florida 33436

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Brian G. Cheslack		
	Name	
4855 Technology W	ay Suite 630	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Boca Raton, FL 3343	31	
City	State	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  Leffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing:  Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.  Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becament's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a membey or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.  Edward R. James  Typed or printed name of signec  Filing Fees.  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificate of Status (Optional)  \$2.5.00 Certificate of Status (Optional)		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  (OPTIONAL)  ICLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (	~	Edward R. James
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	A.VIDR	37 Country Road
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a membeyor an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.  Edward R. James  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)		Village of Golf, Florida 33436
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